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ABSTRACT

Faced with tight budgets and important changes in welfare policies, few States and local agencies have been able to focus on teenage mothers and their special needs. Yet their needs are different from those of older mothers, and their potential for long-term welfare dependency is high. This paper briefly describes some of the policies, programs, strategies, and funding sources of interest to welfare and social service policymakers at the State and local level who are concerned about teenage mothers on welfare. Programs discussed pertain to welfare; social services; child support enforcement; earned income tax credit; health; family planning; abortion; adolescent family life demonstration projects; food and nutrition programs; teenage parents and education; preschool education programs; day care; employment and training; housing; runaway youth; and child abuse and neglect prevention and treatment. (KH)

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TEENAGE PARENTS AND TEENS AT RISK OF PREGNANCY: FEDERAL WELFARE, SOCIAL SERVICES, AND RELATED PROGRAMS TO SERVE ADOLESCENTS

Kristin A. Moore, Ph.D.
The Urban Institute
Washington, D.C.
Summer 1983

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WELFARE

Mothers who were teenagers when their first child was born account for more than half of the welfare caseload. While evidence that welfare benefits represent an incentive to pregnancy is lacking, considerable evidence exists that teen mothers are disproportionately likely to require welfare assistance. For example, in 1975, teenage mothers made up 71 percent of all AFDC mothers under age 30. Since only about one quarter of all U.S. women born between 1940 and 1954 bore a child by age 20, it seems clear that teenage mothers are highly over-represented among younger welfare recipients.

Faced with tight budgets and important changes in federal welfare policies, few states or local agencies have been able to focus on teenage mothers and their special needs. Yet AFDC developed as a program for mature women, primarily widows. The needs of young, unmarried mothers are quite different. Moreover, their potential for long-term welfare dependency is high. The purpose of this paper is to briefly describe some of the policies, programs, strategies, and funding sources of interest to welfare and social service policy makers at the state or local level who are concerned about teenage mothers on welfare. Programs to be described include:

PROGRAM	PAGE
WELFARE	3
Aid to Families with Dependent Children (AFDC)	3
SOCIAL SERVICES	4
Social Services Block Grant	5
Community Services Block Grant	5
Child Welfare Programs	5
CHILD SUPPORT ENFORCEMENT	6
EARNED INCOME TAX CREDIT	8
HEALTH	8
Medicaid	8
Maternal and Child Health Block Grant	10
Primary Care Block Grant	10
Alcohol, Drug Abuse and Mental Health Block Grant	11
FAMILY PLANNING	11
Family Planning Under Medicaid	11
Family Planning Under the Maternal and Child Health Block Grant	12
Family Planning Under the Social Services Block Grant	12
Title X Family Planning	12

PROGRAM PAGE

ABORTION..... 13
ADOLESCENT FAMILY LIFE DEMONSTRATION PROJECTS..... 13
FOOD AND NUTRITION PROGRAMS..... 14
Special Supplemental Food Program for Women, Infants, and Children (WIC) 14
Commodity Supplemental Food Program..... 15
National School Lunch and Breakfast Programs..... 15
Child Care Food Program..... 16
Summer Food Service Program..... 16
Food Distribution Program..... 16
Special Milk Program for Children..... 17
Nutrition Education and Training Program..... 17
Food Stamp Program..... 17
TEENAGE PARENTS AND EDUCATION..... 18
Title IX of the 1972 Education Amendments..... 18
Chapter I of the Educational Consolidation and Improvement Act..... 19
Adult Education..... 19
Vocational Education..... 20
Indian Education..... 20
Migrant Education..... 21
State Education Block Grant--Chapter II of the Education Consolidation and Improvement Act (ECIA)..... 21
Programs for Handicapped Children..... 21
Women's Educational Equity..... 21
Sex Education.....22
PRE-SCHOOL PROGRAMS.....22
Head Start.....23
DAY CARE.....23
EMPLOYMENT AND TRAINING.....24
Job Training Programs for Teen Mothers.....24
Work Incentive Program (WIN).....25
Job Corps.....26
Job Training Partnership Act.....26
HOUSING.....27
RUNAWAY YOUTH.....27
CHILD ABUSE NEGLECT PREVENTION AND TREATMENT.....28
SELECTED REFERENCES.....29
NOTES.....30

WELFARE

Aid to Families with Dependent Children (AFDC)

AFDC is the major federal-state welfare program. It provides cash assistance to economically needy individuals who are categorically eligible, which typically means children in fatherless homes.

This program was created by the Social Security Act of 1935 to provide federal support for children without fathers in the home. At the time, most such families were the result of the death of the father. Today, divorce, separation, and out-of-wedlock births account for most of the children requiring welfare. Although attempts have been made to provide support for two-parent families, and about half the states provide assistance to families with unemployed fathers under restricted conditions, the vast majority of the families served are female-headed families.

Recent research indicates more than half of all AFDC households are headed by a mother who was a teenager when her first child was born.[1] Teenage pregnancy and parenthood have been named the major cause of welfare dependency in New York State by the Temporary State Commission to Revise the Social Services Law. The Commission recommends linking major service providers into a comprehensive network to reduce public dependency resulting from teenage pregnancy.

Formal, legal changes in AFDC are being implemented in some states. California has implemented a requirement that welfare workers refer teen parents to a school or other educational program; if supportive services are available but the teen refuses to enter an educational program, she will receive vendor payments but not the cash benefit. Maryland has developed a state-wide program oriented toward single parents. Illinois has conducted a survey of teen parents on welfare in that state. Minnesota has a law requiring hospitals to report all births to minors to the Department of Public Welfare so minors can be contacted and offered services. Some departments have encouraged adoption simply by posting a sign indicating that caseworkers can be asked about adoption. This seems to alleviate client uncertainty about whether adoption is acceptable and possible.

Welfare offices also represent appropriate settings for provision of preventive services, since researchers have found that the daughters and sisters of teenage mothrs tend to be at greater risk of early pregnancy themselves. Providing sex education to welfare mothers might empower them to educate and guide their own offspring. For example, a class, a film strip, a video cassette, or a readily understandable brochure about teenage pregnancy might be made available to welfare recipients in a welfare waiting room. Though appropriate materials have not been developed and evaluated, a strategy might be as simple as posting a sign indicating that family planning referrals for teenagers can be made by a case worker. A list of local service providers' phone numbers and addresses might be

prepared at little cost to the welfare agency. Parents of teenagers might also be informed of any special preventive services for teens developed by the welfare office or a social service agency, e.g., group discussions or sex education classes in the community. Evidence indicates that low income mothers strongly oppose early parenthood yet few take action to match their feelings. The more accessible information and services can be made, the greater the probability that preventive approaches will be attempted.

Federal Regulations. AFDC is an entitlement program. Each state sets its own need and payment standards. The need standard is the amount a state considers to be necessary to support a family at a minimum living standard in that state. The payment standard is the maximum benefit paid to a family with no other income. Payment standards vary from 33 to 100 percent of the states' need standard. AFDC costs can only be controlled by changing the levels of these standards or the eligibility criteria, or by influencing the flow of recipients onto or off the welfare rolls.

If a teenager does not marry, the baby is categorically eligible. If the unmarried teenager is not employed or only marginally employed, the baby is likely to meet the income conditions for AFDC. The teenager herself may or may not be eligible, depending on the income and resources of her own parent(s), since they are responsible for her while she is 18 or younger. The father, of course, may be pursued for child support; but that is a separate process that does not affect the baby's eligibility.

A mother pregnant with her first child is not eligible for cash payments until the last four months of pregnancy. Some states, including New York and California, are using state revenues to make cash payments available earlier in the pregnancy. All states have the option of extending Medicaid coverage prior to the time when the AFDC cash benefit can be paid, so prenatal care can be obtained.

Since most teenagers have very young children, they are typically exempt from work requirements recently enacted. An important aspect of ADFC eligibility is the fact that recipients are automatically eligible for Medicaid.

At the federal level, AFDC oversight is provided by the Social Security Administration, Department of Health and Human Services.

SOCIAL SERVICES

Almost half of federal funding for social service programs is allocated to two block grants, the Social Services and Community Services Block Grants, which have no target population and only very loose targeting in terms of services. The Administration has proposed folding community services into the Social Services Block Grant with a 14 percent overall funding reduction; this would represent a a funding cut primarily, since in either case states have the freedom to decide which social services they will provide to whom.

Some states have specifically chosen to focus resources on pregnant teens or teenage parents. New York's Department of Social Services, for example, sponsors eight maternity shelters. Most of the mothers are under age 20 and remain in the shelter for stays ranging from several weeks to several months. A related program serves females in non-residential centers.

Social Services Block Grant

The Omnibus Budget Reconciliation Act of 1981 merged a similar but more restrictive block grant authorized under Title XX of the Social Security Act with two smaller Title XX programs. Funds are to be allocated among states simply on the basis of population. Substantial funding cuts were implemented, and a number of states have sought out other sources to provide services. For welfare recipients, for example, day care costs can be shifted to the AFDC disregard, and family planning and home health care costs can be covered under Medicaid. In FY1983, federal funding has been $2.45 billion.

Community Services Block Grant

The Community Services Block Grant replaced the Community Services Agency in 1982. Funds with no matching requirement are distributed to states according to their distribution under the previous categorical program. That program funded community action agencies in primarily urban low-income areas. Federal restrictions on continued funding for previous recipients no longer apply, however, and states may use funds to foster community economic development or a variety of community-based services. However, 90 percent of the funds must be passed on to local agencies.

In the past, these agencies have served to coordinate federal, state and local resources in order to serve the poor in their community. For example, Head Start programs were often sponsored by Community Service Agencies. In FY1983, federal funding has been $348 million.

Child Welfare Programs

Title IV of the Social Security Act is the major legislative source of child welfare services. Different parts of Title IV have different purposes.

Any child or family in need of services is eligible under funding authorized by Title IV-B of the Social Security Act. Services include foster care maintenance, family counseling, adoption, and child protective services, regardless of income. Although 25 percent cost sharing is required, states generally spend more than the amount strictly required.

The Adoption Assistance and Child Welfare Act of 1980 created Title IV-E of the Social Security Act. Under this title, children in AFDC families are eligible on an entitlement basis for foster care, family reunification services, and adoption assistance for abused or neglected children from AFDC families. Federal matching is provided on the same level as Medicaid matching in the state. Adoption and reunification services have only been available on an entitlement basis since the beginning of FY1983, when the Adoption Assistance and Child Welfare Act was fully implemented. Previously, states were reimbursed on an entitlement basis for foster care expenses for AFDC children, but not for expenses incurred in trying to unite children with their families or in finding adoptive homes. The intent of the 1980 legislation was to eliminate this bias in favor of foster care. Since this is an entitlement program with expanded coverage, expenditures are expected to increase at least in the short run. Through FY1984, a ceiling has been placed on federal AFDC foster care funding to encourage states to either return children to their homes or place children in new permanent homes. In addition, federal funds have been made available at the Medicaid matching rate to promote adoption of children with special needs.

States administer the programs and services are provided by local agencies. In FY1983, $395 million was provided for foster care maintenance assistance, $5 million for adoption assistance of special needs children, and $160 million for child welfare services and training. At the federal level, oversight of these activities is housed in the Administration for Children, Youth and Families.

CHILD SUPPORT ENFORCEMENT

The Child Support Enforcement Program was established in 1975 as Part D of Title IV of the Social Security Act "for the purpose of enforcing the support obligations owed by absent parents to their children, locating absent parents, establishing paternity, and obtaining child support."

States receive federal reimbursement for 75 percent of the costs incurred in operating their program. The cost of developing and implementing child support management information services is matched at a 90 percent level. Each state must designate a single and separate organizational unit to administer the program in that state. In 48 states, that unit is located within the state's welfare agency. Primary responsibility for operating the program falls on the state, though the Parent Locator Service is a federal service.

All AFDC recipients are required to assign support rights to the state and to cooperate with the state in establishing paternity and obtaining child support. However services are available to both AFDC and non-AFDC families to locate absent parents, establish paternity, and assist in the establishment and collection of both court-ordered and voluntary payments.

It is not the policy to force teen fathers out of school and into employment in order to make child support payments. A court order will be established but deferred until he is employed. He or his parents can, of course, make voluntary payments. The grandparents, however, bear no legal responsibility for the support of their grandchild.

Child support payments made on behalf of AFDC children are paid to the state, not the family. If the amount collected is not sufficient to move the family off AFDC, the family receives its full welfare payment and the child support payment goes to reimburse the state and federal governments in proportion to their assistance to the family. If the recipient's income including the child support payment exceeds the state's AFDC needs standard, the recipient no longer receives AFDC and may lose Medicaid as well.

While this program has been successful in procuring child support dollars, little is known regarding other effects of the program. The possibility that sure enforcement of child support might serve as a deterrent to early sexual activity and parenthood has been raised; but no research bears on this question. The possibility that enforcement of payments reduces receipt of other types of assistance from the father or his family to the mother and child(ren), such as help with child care, is raised regularly, but again, research has not established whether such effects occur.

The Omnibus Budget Reconciliation Act included five amendments to the Social Security Act which affect this program: (1) state Child Support agencies may collect spousal support if such an obligation has been established; (2) delinquent child support and spousal support may be collected from federal tax refunds on behalf of both AFDC and non-AFDC families; (3) for non-AFDC families, states must collect a fee equal to 10 percent of the support obligation from the absent parent; (4) a child support obligation assigned to a state as a condition of AFDC eligibility is not discharged in bankruptcy; and (5) agencies must determine if persons receiving unemployment compensation or trade adjustment assistance benefits owe child support and if so arrange for the state employment security agency to withhold payments to satisfy outstanding child support.

In FY1981, total child support collections exceeded $1.6 billion. Of this, more than $670 million was collected on behalf of families receiving AFDC. The Office of Child Support Enforcement, Department of Health and Human Services, administers the program.

EARNED INCOME TAX CREDIT (EITC)

The earned income tax credit was added to the Internal Revenue Code in 1975. It provides a cash income supplement to working couples who are entitled to a dependent exemption for a child or unmarried individuals who maintain a household for a child. Their adjusted gross income and earned income must be less than $10,000. The earned income tax credit is a refundable credit. For tax filers whose income is too low to owe income taxes, or whose tax liability is smaller than their credit, the Internal Revenue Service makes a direct payment of the credit.

Under current AFDC law, the amount of the EITC is treated as earned income and imputed to the family even though it may not actually be received from the employer as an advance payment. Calculations tend to be extremely complex. In determining the Food Stamp benefit, the EITC is counted as earned income for the month of receipt, if received on an advance basis, or as an asset if received in a lump sum at the end of the year.

HEALTH

Local communities often provide medical services to the needy through mechanisms such as a general hospital. Sources of health services underwritten by the federal government are described below.

Medicaid

Established in 1965 as Title XIX of the Social Security Act, Medicaid is a federal-state matching program that provides medical assistance to low income persons who are categorically needy--that is, aged, blind, disabled, or members of families with dependent children. Within guidelines set by the federal government, each state designs its own program; and programs vary from state to state.[2]

The Medicaid Program. All states are required to offer the following services to the categorically needy: inpatient and outpatient hospital services, laboratory and X-ray services, skilled nursing facility services for those over age 21 and home health services for those requiring skilled nursing services; early and periodic screening, diagnosis, and treatment (EPSDT) for those under age 21; family planning services and supplies; and physicians' services. A special matching rate exists for family planning services; the federal government covers 90 percent of the cost in order to encourage family planning. Other categories of care are optional.

The existence of EPSDT (Early, Periodic Screening, Diagnosis and Treatment) can be a crucial input to the health of low-income children. Under the program, examinations check on the child's growth and development, vision, hearing, and dental health; provide immunizations; and identify and treat diseases such as tuberculosis, venereal disease, anemia or sickle cell anemia, parasites, lead poisoning, drug abuse, and other problems before they result in permanent disability. Since ignoring such conditions can lead to more serious subsequent problems, encouraging use of these Medicaid services can be highly cost-effective.

States have the option of providing Medicaid to all financially eligible children under 21, to unemployed parents and their families, or to the children of unemployed fathers. Coverage of the medically needy is also optional. The medically needy are those whose income exceeds the cash assistance standard, provided that (a) they are members of families with dependent children, aged, disabled, or blind; and (b) their income after medical expenses incurred are deducted falls below the standard in their state.

Recent changes in the program resulting from passage of Public Law 97-35, the Omnibus Reconciliation Act of 1981, permit states to choose to limit coverage to individuals under age 19 who are eligible for AFDC or to extend Medicaid to youth between 18 and 20 or any reasonable classification of such persons. No fee, cost sharing, or deduction is permitted for services to children or youth or to pregnant women, however.

Although Public Law 97-35 precludes AFDC eligibility for a pregnant woman with no other children until the sixth month of pregnancy, states are permitted to extend Medicaid eligibility to these women from the time the pregnancy is medically verified. Since prenatal care is a crucial determinant of a healthy pregnancy, this option presents states with one way to promote the birth of full-term, healthy babies, while also lowering costs associated with difficult pregnancies and premature deliveries.

Since Congress voted reductions in the amount of earned income an AFDC recipient could have, the number categorically automatically eligible for Medicaid has fallen. States also reduced the number categorically eligible by failing to increase the AFDC standard of need with inflation.

Medicaid Finances. Since, unlike Medicare, states must underwrite part of the cost of Medicaid, program costs are an issue of particular concern to state and, in some states, local policy makers. The federal government provides matching funds for Medicaid under a matching rate which is inversely related to a state's per capita income. Public Law 97-35 stipulated that the amount of federal matching payment that a state would otherwise have received be reduced by 3 percent in FY1982, 4 percent in FY1983, and 4.5 percent in FY1984. As an incentive to cost reduction, a state can lower the amount of its reduction by 1 percentage point for each

of the following: 1) operating a qualified hospital cost review program; 2) sustaining an unemployment rate above 150 percent of the national figure; and 3) demonstrating recoveries from fraud and abuse activities. A state is entitled to a dollar-for-dollar offset in its reductions if total federal Medicaid expenditures in a year fall below a particular target amount, though the amount cannot exceed the reduction total. The 1982 target was 109 percent of the state's estimate for FY1981; the targets for Price Index.

Although 48 percent of Medicaid recipients are children, only 13 percent of the Medicaid budget goes for children. Most monies are expended on nursing home and medical care for the elderly, disabled, retarded, and blind. Total vendor payments are expected to reach $30 billion in FY1982. At the federal level, Medicaid is managed by the Health Care Financing Administration, Department of Health and Human Services.

Maternal and Child Health Block Grant

Since 1935, services to reduce infant mortality, promote maternal and child health, and treat crippled children had been funded under Title V of the Social Security Act. These services include prenatal care as well as family planning. This program was included in the Maternal and Child Health (MCH) Block Grant along with six other specialized programs--Adolescent Pregnancy Services, Sudden Infant Death Syndrome, Lead Paint Poisoning Prevention, Genetic Screening, Hemophilia Treatment, and Rehabilitation Services for Disabled Children. Federal funds have been cut substantially and although substantial state monies are spent in this area, it seems unlikely that states can or will compensate for the cuts. Administrative changes also seem unlikely to offset the cuts. Therefore, service declines can be expected. Federal funding for FY1983 is $373 million.

A sliding fee scale is required, as is targeting on low income areas. Funds are distributed to local governments, particularly in poorer areas, and are generally used to support existing clinics. Clinics first seek Medicaid reimbursement for patients to enable them to spread available funds further. At the federal level, this program is administered by the Maternal and Child Health Office of the Bureau of Health Care Delivery, DHHS.

Primary Care Block Grant

Only one program, community health centers, was included in the block grant, and the provisions regulating the block grant were so distasteful to the states that only two states applied for the block grant. Before approval, a court case was resolved such that the federal government is still administering the program in all states. No states have re-applied, and none have indicated an intent to apply in FY 1984. Therefore, community health centers are continuing to provide to the extent they can primary

health services, supplemental health services and environmental health services to medically underserved populations, both in urban and rural areas. Services are provided to people with third-party reimbursement, such as Medicaid, or services can also be provided with the center's funds. The existence of such a center can be important to adolescents seeking either to prevent pregnancy or seeking prenatal care to ensure a healthy pregnancy.

At the federal level, the Office of Primary Care of the Bureau of Health Care Delivery and Assistance, DHHS, administers the program.

Alcohol, Drug Abuse, and Mental Health Block Grant

The purpose of this block grant is to support projects for the development of more effective prevention, treatment, and rehabilitation programs and activities to deal with alcohol and drug abuse and to support community mental health centers for the provision of services for chronically mentally ill persons, including severely mentally disturbed adolescents and children. Funds cannot be used for in-patient services or cash payments.

Although the number of teens with alcohol, drug, and mental health problems who are pregnant or parents is not known, the occurrence of any of these problems in a teenager who is pregnant or who is caring for a baby can be critical. Some states are placing particular emphasis on pregnant women or teenagers. Massachusetts, for example, is targeting funds on pregnant addicts.

Congress appropriated $439 million in FY1983 for the block grant, a significant cut from the funding levels of the separate programs. The same level of funding is proposed for FY1984, implying that not all those in need will be served. At the federal level, the Alcohol, Drug Abuse, and Mental Health Administration, DHHS, has oversight of the block grant.

FAMILY PLANNING

Family planning services can be provided with federal funds under four different programs, Social Services Block Grant; the Maternal and Child Health Block Grant; Medicaid (Title XIX of the Social Security Act); and Title X of the Public Health Services Act. Title X has provided the majority of funding over the past decade; however reliance on Medicaid appears to be increasing.

Family Planning Under Medicaid

Medicaid reimbursement is not only provided for family planning services, it is provided at a higher rate. In order to encourage provision of family planning services to AFDC recipients, federal reimbursement is

provided at a 90 percent matching rate. Given cutbacks in other sources of funding, family planning providers seek Medicaid reimbursement first for a patient. If Medicaid is not available, another source of funding is sought.

Family Planning Under the Maternal and Child Health Block Grant

Seven programs were combined into the Maternal and Child Health Block Grant in 1981: maternal and child health grants to states; disabled children's services under SSI; hemophilia; sudden infant death syndrome; lead paint poisoning; genetic diseases; and the initial set of adolescent pregnancy programs funded by the Office of Adolescent Pregnancy Programs, DHHS. Between FY1980 and FY1982, funds were cut from $432.8 million to $373.7 million. $373 million is estimated for FY1983.

Given the cuts experienced, most family planning providers look to Medicaid first for reimbursement, to expand the number who can be served with existing monies.

Family Planning Under the Social Services Block Grant

Under Title XX of the Social Security Act, family planning was one of the social services that states could provide. It is not known how extensively states use the Social Services Block Grant to provide family planning services. It is one of the services that is permissible though not mandatory.

Title X Family Planning

The majority of funding for organized family planning services is provided through Title X of the Public Health Service Act. Although funds were cut from their 1980 high of $165 million, to $124 million in FY1983 (and probably for FY1984 as well), Congress has voted down attempts to block grant the program and 1984 funds are likely to rise.

Parental Notification. At present, family planning services can be provided without regard to age, income, or marital status. A proposal to require parental notification following provision of prescription contraceptives has received widespread public attention. It would require some 5,000 family planning clinics that receive federal funding to notify a parent by certified letter within ten days of the date when contraceptives are prescribed for a woman under age 18. Enforcement of the regulation was barred in separate cases by two federal judges. The government appealed these decisions, but its appeal was rejected by the U.S. Court of Appeals for the District of Columbia Circuit on July 8, 1983. At present parental notification is not required.

ABORTION

Since the Hyde Amendment in 1977, Congress has restricted federal funding of abortion under Medicaid and all other DHHS programs, using riders attached to the annual appropriations measures for the Department of Health and Human Services. At present, federal funds are available only if the life of the pregnant woman would be endangered if the pregnancy were carried to term, and the number of abortions provided with federal funds has shrunk accordingly.

State policies vary widely. Ten states and the District of Columbia use their own funds voluntarily, and five states do so under court order. Electing to provide abortions to poor women are Alaska, Colorado, Hawaii, Maryland, Michigan, New York, North Carolina, Oregon, Washington, West Virginia and the District of Columbia. Required by courts to fund abortion on the basis of their state constitutions are California, Connecticut, Massachusetts, New Jersey, and Pennsylvania. Five states fund abortions for reasons slightly less restrictive than federal policy, including Iowa, Maine, Tennessee, Virginia and Wisconsin. Arizona is only now developing a Medicaid program, and the remaining 29 states fund abortion only when the pregnant woman's life is in danger. Some local hospitals provide free or subsidized abortion, but this occurs primarily in the states that also fund abortion under Medicaid.

Despite the restrictions on government reimbursement for abortion, the incidence of abortion rose steadily during the 1970s, though the pace of the increase has slowed. Approximately one-third of all abortions are obtained by teenagers. The incidence of abortion is much higher among American young women than it is among Europeans, reflecting the high incidence of unintended pregnancy among American youth.[3]

	1974	1977	1980
Number of abortions	898,570	1,316,700	1,553,890
Number of abortions to women under 20	291,700	412,280	460,120

ADOLESCENT FAMILY LIFE DEMONSTRATION PROJECTS

The objectives of this program are to "promote positive, family-centered approaches to the problem of adolescent premarital sexual relations, including adolescent pregnancy; to promote adoption as an alternative for adolescent parents; and to establish innovative, comprehensive and integrated approaches to the delivery of care services for pregnant adolescents with primary emphasis on unmarried adolescents who are 17 years of age and under and for adolescent parents." Any nonprofit public or private organization including state and local governments can apply for a grant.

The program is authorized by the Public Health Service Act, Title XX, as it was amended by the 97th Congress in the Omnibus Reconciliation Act. Further information on regulations and grant deadlines can be obtained from the Office of Adolescent Pregnancy Programs, Office of the Assistant Secretary for Health, DHHS.

FOOD AND NUTRITION PROGRAMS

The federal government funds a number of food assistance programs through the Department of Agriculture. Although most of these programs have experienced funding cuts, current proposals to put several of these programs into a block grant seem unlikely to pass.

Typically state departments of education have responsibility for food programs serving children in schools, child care centers, and summer recreation centers. State departments of health, welfare and agriculture usually have responsibility for programs providing food stamps or supplemental foods to families or to individuals.

Special Supplemental Food Program for Women, Infants, and Children (WIC)

The Special Supplemental Food Program is commonly known as WIC. It provides nutritious food supplements to pregnant, breastfeeding, and postpartum women, as well as to infants and children up to their fifth birthday. WIC is operated by local health clinics and other authorized health facilities. WIC benefits are currently provided by approximately 7,100 clinics throughout the country.

To qualify, mothers and children must be individually certified as "nutrition risks" because of dietary need and inadequate income. Each participating mother or child receives individually prescribed packages of foods high in protein, iron, calcium, vitamin A, and vitamin C. Depending on the age and nutritional needs of the woman, infant, or child, the package includes such foods as iron-fortified cereal, eggs, juice, and either milk or fortified infant forumla, or cheese. Participants get nutrition education along with the supplemental foods. WIC clinics provide supplemental foods in one of three ways. They obtain foods from local firms and distribute them directly; they arrange for home delivery; or they give mothers vouchers to exchange for specified items at authorized grocery stores. Most clinics give participants vouchers.

Efforts to cut back and block grant WIC have been rebuffed on several occasions. This is a widely popular program. Funding rose slightly between 1982 and 1983. Funding for FY1983 is $1.06 billion, and continued support appears likely.

Although hard data are not available, many teenagers qualify for and receive foods through WIC. Young mothers have a higher incidence of low birthweight babies. Participation in WIC can improve pregnancy outcomes for high-risk teens.

Federal oversight is provided by the Supplemental Foods Programs Division, Food and Nutrition Service, Department of Agriculture.

Commodity Supplemental Food Program

The Commodity Supplemental Food Program (CSFP) is a program similar to WIC. In this program, the Department of Agriculture donates commodity foods to a state agency which distributes the food to low-income women and children certified by participating local health agencies. Those eligible include infants, children up to age 6, and pregnant or breastfeeding women vulnerable to malnutrition. Federal funding was $32.6 million in 1983.

To take part in the CSFP, women and children must qualify for benefits under an existing Federal, State or local food, health or welfare program for low-income people. Some state agencies also require that participants be determined to be at nutritional risk by a doctor or staff person at the local agency. Participating women and children get prescribed food items, which they pick up at a distribution facility. They also receive instruction on how to prepare the foods and practical lessons on nutrition.

The CSFP is currently operated by 24 local health agencies in 12 states. At the federal level it is supervised by the Supplemental Food Programs Division, Food and Nutrition Service, Department of Agriculture.

National School Lunch and Breakfast Programs

Federal funds are provided to participating public and nonprofit private schools, including residential child care institutions, for breakfasts and lunches. Free lunches are provided to students at or below 130 percent of poverty; reduced price lunches are provided for students from families at 130-185 percent of poverty; paid lunches are also subsidized but children in families over 185 percent of poverty receive the smallest subsidy. In addition to cash assistance, participating schools receive donated commodities and technical assistance. The total cost of the program in cash and commodities was $2.91 billion in 1982, down from $3.19 billion in 1980.

Federal administration is provided by the School Programs Division of the Food and Nutrition Service, Department of Agriculture.

Child Care Food Program

The Child Care Food Program helps child care facilities and institutions serve nutritious meals and snacks to pre-school and school-age children. To participate, facilities and institutions must be licensed or approved to provide child care services. They must also meet certain other eligibility requirements. Public and private non-profit non-residential programs and for-profit programs compensated under Title XX for at least one-fourth of their children are eligible. The program operates in non-residential day care centers, settlement houses, outside-school-hours care centers, family day care homes, institutions providing day care for handicapped children, and others.

Participating facilities and institutions get cash assistance, USDA-donated foods, and technical guidance. In child care centers, the amount of cash assistance varies according to the family size and income of children served. In day care homes, the amount of cash assistance is based on a food service payment rate. In 1983, funding was $335 million. The Child Care and Summer Programs Division of the Food and Nutrition Service, Department of Agriculture, has oversight of the program.

Summer Food Service Program

The Summer Food Service Program for Children helps communities serve meals to needy children when school is not in session. The program is sponsored by public or private nonprofit school food authorities or local, municipal, county, or State governments. Public or private nonprofit residential camps also may be sponsors.

The program operates in areas in which at least 50 percent of the children served by the site meet the income criteria for free and reduced-price school meals. USDA reimburses sponsors for operating costs of food services up to a specified maximum rate for each meal served. In addition, sponsors receive some reimbursement for planning, operating, and supervising expenses. Funding was $99 million in 1983. This program is administered by the Child Care and Summer Programs Division, Food and Nutrition Service, Department of Agriculture.

Food Distribution Program

Through the Food Distribution Program, USDA purchases surplus foods from U.S. markets and distributes them to state agencies for use by eligible local agencies. The foods go to schools and institutions participating in the child nutrition programs, to nutrition programs for their elderly, to needy families on Indian reservations, and to hospitals and prisons. The foods are also used to help victims of national disasters. The largest percentage of USDA-donated foods goes to schools. Currently schools get 70 percent of the foods donated by USDA.

Also called the Food Donation Program, this program is managed by the Food Distribution Division of the Food and Nutrition Service, Department of Agriculture.

Special Milk Program for Children

The Special Milk Program for Children makes it possible for all children attending a participating school or institution to purchase milk at a reduced price or receive it free, if they are eligible. Reimbursement is provided for each half-pint of milk served under the program. Schools and institutions that participate in other Federal-State child nutrition programs are not eligible to participate in the Special Milk Program for Children. The School Programs Division of the Food and Nutrition Service, Department of Agriculture, administers this program.

Nutrition Education and Training Program

Under the Nutrition Education and Training Program, funds are granted to the state education agencies for the dissemination of nutrition information to children and for inservice training of teachers and food service personnel. One of the program's major goals is encouraging good eating habits. It is not known whether any special activities have been directed at pregnant students or teenage parents; but they would be well served by such instruction. The Nutrition and Technical Services Division of the Food and Nutrition Service, Department of Agriculture, handles this program.

Food Stamp Program

The purpose of the Food Stamp program is to increase the food purchasing power of low-income households to the point that they can purchase a low-cost diet that is nutritionally adequate. Benefit levels and eligibility criteria are federally determined and are uniform across states. It is assumed that a participating household is able to allocate 30 percent of its countable cash income (approximately 20-25 percent of its gross cash income) on food. Food stamps are provided to make up the difference between that amount and the amount deemed necessary to purchase an adequate low-cost diet, specifically the cost of the "Thrifty Food Plan" determined by the Department of Agriculture. A household with no countable cash income receives the maximum allotment for a household of its size. The allotment of households with some countable cash income is reduced from the maximum at the rate of 30 cents for each dollar of countable cash income. Participating families get their coupons free of charge. They can exchange them for food at authorized stores.

Unlike AFDC, the Food Stamp program has few categorical restrictions on eligibility.[4] Food stamp benefits are available to nearly all households if the household meets the income and liquid assets eligibility tests, regardless of the family composition of the household. Consequently, married couples are eligible. Also unlike AFDC, benefit levels are indexed for inflation every October, and the federal government pays the entire cost of the program.

Eligibility. The three major eligibility tests involve income limits, a limitation on liquid assets, and a work registration requirement. Households--defined as all individuals purchasing and preparing food in common--must aggregate their income and resources for the determination of eligibility and benefit amounts. Countable monthly income must be below the federal poverty level and gross income during the prior month for households without an elderly or disabled member must be less than 130 percent of the federal poverty line. Liquid assets must not exceed $1,500 or $3,000 for households of two or more with an elderly member. This calculation excludes the value of a residence, part of the value of motor vehicles, business assets, household belongings, and other specific items. Finally, non-employed, able-bodied adults in the household must register for, seek, and accept suitable employment if it is offered. One of several exceptions is made for those who are caring for a child under the age of 6. In addition, if "workfare" is adopted in a locality, nonworking able-bodied adults may be required to "work-off" their benefit.

Numerous changes have been implemented in the program during the last several years in an attempt to reduce the cost of the program. In fact, the 20 percent cut sustained represents a larger cut in percentage terms than any other federal program, according to the Children's Defense Fund. In FY1982, expenditures for the program (including the Food Stamp portion of the Puerto Rican block grant) were $11.6 billion.

TEENAGE PARENTS AND EDUCATION

The importance of schooling to the prevention of pregnancy and to the economic and emotional well being of young parents has recently become recognized. Teenage mothers who return to school are less likely to have another pregnancy right away. In addition, better-educated mothers are not only more likely to become economically self-sufficient, but their children do better in school. Other evidence indicates that school dropouts are more likely to become pregnant in the first place.

Some young mothers will go on to acquire a diploma and even additional training beyond high school, but research indicates that many teenage mothers need special assistance in order to continue with their educations.[5] By the late 1970s, 27 states had indicated their concern by delegating a specific individual either part-time or full-time with formal responsibility for programs for pregnant students and teen mothers.[6] Relevant education programs and policies at the federal level are described below.

Title IX of the 1972 Education Amendments

Expulsion or exclusion of pregnant students from any programs, courses, or extracurricular activities was prohibited by Title IX of the 1972 Education Amendments. Other parts of this Amendment regarding the participation of women in sports have overshadowed the more obscure provision regarding pregnant students; however, the legislation has important implications for how schools relate to pregnant students.

Title IX mandates that the pregnant student, regardless of marital status, has the same rights and responsibilities as any other student. Schools are permitted to offer separate programs and special courses to pregnant students; but these programs must be voluntary and the instructional component must be "comparable" to the curriculum provided non-pregnant students. Students are to be allowed to re-enter school at any time after delivery without a physician's permission unless such approval is required of all students who have been absent because of a temporary disability. Fulfillment of these requirements involves no specific action on the part of the schools. The legislation simply prohibits discrimination. Many schools have chosen, though, to develop affirmative programs and policies to reduce school dropout among pregnant teens and to encourage young mothers to return to school.

More than three quarters of federal grant dollars for elementary and secondary education fund programs for students with special needs. In the case of handicapped and non-English speaking chidren, special efforts have been ruled to be required, so federal funds assist states to conduct activities required with or without assistance. In the case of compensatory programs for low-income and low-achieving students, federal funding assists schools in providing programs they might not otherwise provide. In most states federal dollars provide all or the great majority of the resources for compensatory education. The major compensatory program is "Chapter I."

Chapter I of the Educational Consolidation and Improvement Act (ECIA)

Chapter I of the ECIA replaces Title I of the Elementary and Secondary Education Act. It is directed toward underachieving students in low-income school districts. In FY1983, $3.2 billion dollars were available via formula grants to states based on income and school-age population. Most funds are passed on to the local education agencies that carry out this program.

Since most programs are targeted at the elementary school level, this program is only partly relevant to the needs of pregnant and parenting teens. Of course, to the extent that this program enhances student performance and reduces school dropout, it may help lower the incidence of early childbearing. In addition, monies at the secondary level often go to schools with relatively large numbers of teen mothers and can provide needed resources to those schools. Further information can be obtained at the federal level from Compensatory Education Programs, Office of the Assistant Secretary for Elementary and Secondary Education, Department of Education.

Adult Education

Federal funding is provided to states for adult education on a 90/10 matching basis to provide programs that teach literacy and life coping skills. Attainment of basic literacy, completion of high school, and

mastery of English as a second language are the three specific goals; the general purpose is attainment of functional competency. Job readiness in a general sense is a goal but training in specific job skills is done within Vocational Education. Funds for this program are slated to rise to $95 million in FY1984. Monies are allocated to states--usually in the Department of Education but sometimes the community college system. Public or private school systems or non-profit agencies may receive funds. At the federal level this program is administered by the Division of Adult Education, within the Office of Vocational and Adult Education, Department of Education.

Vocational Education

Although approximately 90 percent of the monies expended on vocational education come from state and local sources, the federal government expends nearly $1 billion on vocational education. Federal monies go directly to the states, which they spend according to their state plan. Day care services for the children of students in vocational education at the secondary or post-secondary level may be included among the support services a state chooses to provide.

Adult vocational education is directed toward older unemployed workers and toward school dropouts seeking vocational education. This program is relatively short-term in orientation, compared with general Vocational Education. The primary goal is developing job skills for employment. Given the high rate of dropout among pregnant and parenting high school students and their frequent need to develop economic self-sufficiency, it seems likely that teenage parents could benefit significantly from this program.

Vocational education is being considered for reauthorization by the current Congress. The Administration has proposed a block grant, but the odds it will be accepted are felt to be low. This program is administered at the federal level by the Division of Vocational Education Services, Office of Vocational and Adult Education, Department of Education.

Indian Education

Educationally disadvantaged Indians, both children and adults, are the focus of this program. The Administration has proposed that the Indian education program in the Department of Education receive $270 million in 1984, compared to $330 million in 1983, and be terminated in 1984. Indian children who are educationally disadvantaged are to be served in other programs. However, the prospects that this program will be terminated are considered quite low.

This program has its office in Indian Education Programs, Department of Education.

Migrant Education

Like Indians, early childbearing is believed to be quite common among migrants. The purpose of this program is to establish and improve programs to meet the special educational needs of migratory children including academic instruction, remedial and compensatory instruction; vocational instruction; career education services; special guidance counseling and testing services. Slated for elimination in FY1983, funding was continued at the previous level of $6 million. Again earmarked for termination in FY1984, continuation again seems most likely. At the federal level, the program is administered by Migrant Education Programs, Office of Elementary and Secondary Education, Department of Education.

State Education Block Grant--Chapter II of the Education Consolidation and Improvement Act (ECIA)

Chapter II of the ECIA consolidated a large number of categorical grants in a block grant, including emergency school aid to districts attempting to address racial discrimination. Previously large urban school districts were the main recipients of these programs. Under the Education Block Grant, monies are distributed to states on the basis of population. Some schools have experienced considerable increases in their allocations, while large urban school districts have experienced substantial reductions.

The authorizing legislation provided that the block grant funds could be used for the purpose of any of the 43 antecedent programs. Since these antecedent programs include Preschool Partnership Programs, Youth Employment, Health Education and Population Education, projects directed toward these specific topics can be funded from the block grant. A description of the 43 antecedent programs can be obtained from the office that administers the block grant, the Division of Educational Support, Department of Education.

Programs for Handicapped Children

Pregnant students are not eligible for assistance with federal monies under the Education for All Handicapped Children Act (PL 94-142). Given scarce resources available for services to children with physical and mental handicaps, a narrow definition of handicap is also common among the states. However, some states have chosen to include pregnancy among the disabilities that can be addressed with state funds.

Women's Educational Equity

This small program works to promote educational equity for women through development and dissemination of model educational programs and materials. Pregnant teens and teenage mothers can be the focus of such efforts. Although reauthorized as Title IX, Part C of the Education

Consolidation and Improvement Act of 1981, no funding is proposed by the Administration in the FY1984 budget. However, Congress seems fairly likely to continue this program. FY1983 funding was $5.8 million. This program is administered by the Women's Educational Equity Act Program, Department of Education.

Sex Education

The decision regarding whether to provide sex education, and the content of the materials covered is left up to the states and in most cases the states leave the decision up to the local communities. The role that the federal government has played has been small, involving primarily the development of materials and the funding of research or demonstration projects.

A bibliography of materials pertaining to sex education is available to anyone who requests it from the National Clearinghouse for Family Planning Information, P.O. Box 2225, Rockville, MD 20852. The Clearinghouse also publishes a regular bulletin which covers sex education as well as family planning. Although it is available only to agencies receiving funds from the Department of Health and Human Services, anyone can receive upon request copies of back issues. Since the format is topical, a given back issue might focus entirely on sex education and be relatively rich in information. A project that was formerly federally funded also provides information, serving as a sort of national clearinghouse for sex education materials and publishing a quarterly newsletter targeted at teachers. Information can be obtained from Education, Training and Research, 1700 Mission Street, Suites 203-4, Santa Cruz, CA 95060. A recent survey of sex education programs in large cities can be obtained from the Social Services Center of The Urban Institute, "The What and Why of Sex Education: Describing and Explaining Program Content and Coverage in City School Districts," by F. Sonenstein and K. Pittman.

Sex education curricula can be funded with monies from the Education Block Grant, since several of the antecedent programs folded into that block grant provided sex education. Title IVC of the Elementary and Secondary Education Act for example, funded many sex education projects. Population education and parenting education, including sex education, can also be funded from the block grant.

PRE-SCHOOL PROGRAMS

Several studies have documented cognitive deficits among the children of teenagers.[7] Thus a school district with a high proportion of young mothers is handicapped in its attempts to raise achievement scores among elementary school students. Pre-school education does seem to enhance children's cognitive scores, and some evidence suggests that early intervention programs ultimately pay for themselves by reducing the need for special education among older students.[8] Given the low incomes of many

teen parents, their children are frequently eligible for programs such as Head Start. One study in Philadelphia[9] found that the children of teenage mothers benefited particularly from attending pre-school and kindergarten classes. Monies from the Education Block Grant (described above) can be used to provide pre-school programs, since Preschool Partnership Programs were funded as an antecedent program. Head Start is another important pre-school effort.

Project Head Start

Head Start provides a comprehensive child development program to nearly 400,000 economically disadvantaged pre-schoolers. Although program functioning is affected by cuts in other programs, such as the Child Care Food Program, funding for this program rose from $820 million in FY1981 to $912 million in FY1983. Of course, even if every Head Start slot were allocated to the children of teen mothers, which is not likely or even necessarily desirable, not all children could be served. Nevertheless, this is an important program with a tradition of community support and volunteer assistance which can enhance child development among children at particular risk.

Head Start funds are allocated among the states by a formula based on each state's relative number of poor children. The state then allocates grants to eligible local organizations, including schools, churches, and community agencies. Local sponsors are required to provide at least 20 percent of program expenses.

The Head Start office is housed in the Administration for Children, Youth and Families, DHHS.

DAY CARE

Day care services and tax deductions for child care are typically viewed as a need of working parents. The majority of teen parents are not high school graduates, however, and they need child care in order to attend school. The availability of child care is one of the critical determinants of whether a teen parent is able to continue in school.

There is no single federal day care program. The largest single source of assistance is indirect, coming as an income tax credit. In FY1983, the amount of support through this route is expected to be nearly $1.5 billion; however, since it is an income tax credit, low income teenage mothers are unlikely to be affected by the recent liberalization of this credit.

The second largest day care program is probably the Social Services Block Grant created by the 1981 Omnibus Reconciliation Act. When the program was block granted, funds were cut by 23 percent of FY1982 from the projected 1982 level. In addition, prior restrictions on family income

were removed, as was the requirement that 50 percent of the funds be targeted on welfare and other low income families. Thus, it is possible that considerable change has occurred in the nature of services and recipients. However, child care was a major social service provided previously--586,000 children were served in FY1979--and since the need undoubtedly still exceeds the supply, child care probably remains an important social service. Reliance on the child care disregard for welfare mothers is probably of increasing importance, though only for those mothers in Aid to Families with Dependent Children. Day care is one social service that can make it feasible for teenage mothers on welfare to continue in school and move toward economic self-sufficiency. Thus targeting on this particular population is very much in accord with the goals of social services program.

EMPLOYMENT AND TRAINING

Job Training Programs for Teen Mothers

Whether youth who have not completed high school should participate in job training or be enrolled in high school, or both, is a question of debate for teenagers in general. For teenage mothers, the issue is quite complex. Their child care requirements can make them a difficult and costly group to serve. In addition, the burdens of simultaneously attending school, mothering, and being in job training programs or holding a job may overwhelm an adolescent. On the other hand, without job skills, many teenage mothers go on welfare and begin a life of rapid childbearing and public dependency.

To explore whether and how teen mothers might be assisted, a two-year project aimed at improving the job training, development, and education programs available to teenage parents began in 1982 at the National Child Labor Committee. A survey of programs serving teenage parents was conducted. Preliminary results suggest that employment preparation targeted at older teens (those finishing high school) followed by job placement significantly eases the school-to-work transition for this vulnerable group. The Committee will provide technical assistance to anyone interested in developing a job training program for teenage parents and will supply upon request a brochure describing 12 model employment programs serving teenage parents, including information on how each program was funded. Contact: Elizabeth McGee, National Child Labor Committee, 1501 Broadway, Room 1111, New York, N.Y (212) 840-1801.

These preliminary results from the National Child Labor Committee are in accord with the opinions of many who work with teenage mothers that continued school enrollment should receive the highest priority for teenage mothers, both because of the general value of an education for living and parenting and because a high school diploma is required for many entry level positions and for career advancement. Yet some teenage parents are more interested in obtaining employment than in attending school, in part

because of their family responsibilities. If the realities of motherhood seem overwhelming to some teen mothers, others respond with great determination and may be among the most motivated of job training candidates. For example, data from the Supported Work Experiments conducted by the Manpower Demonstration Research Corporation indicate that welfare mothers benefited more from participation than the other three groups served (ex-addicts, problem youth, and ex-offenders).

Traditional job training programs serve large numbers of teen parents; however most of those served are males. Since the mother typically is the one dealing with child care on a daily basis, fewer mothers than fathers are found in programs such as the Job Corps or CETA. In any given community, jobs programs are probably already in existence through the local government, through programs such as Jobs for Youth and 70,001, through community-based organizations such as The Urban League, and through intermediate agencies that develop and distribute funds, such as Act Together. Working through existing agencies can be easier than setting up a new program. However, new or additional funding is typically needed if a new client group is to be served. The federal government has played the dominant role in funding public training and employment programs for disadvantaged groups. The primary sources of federal funding include the Job Training Partnership Act, Vocational Education, the Job Corps, the summer youth programs, and the Work Incentive Program.

Work Incentive Program (WIN)

The purpose of WIN is to help AFDC recipients become self-supporting wage earners by providing a wide range of employment, training, and social services to registrants. Federal law requires that persons 16 or older who are receiving or applying for Aid to Families with Dependent Children (AFDC) must register for WIN unless they are exempt. Those exempt include full-time students and mothers or other females caring for a child under 6 years of age when the father or other male relative in the house is registered with WIN.

Those registrants who are chosen for participation in WIN must accept available jobs, training or needed services to prepare them for employment. Refusal without good cause will result in a termination of benefits to the nonworking adult; but protective payments continue for the children in the case of a one-parent household. In the case of a two-parent household, refusal results in the entire family becoming ineligible.

WIN registrants are eligible for a targeted jobs credit equal to 50 percent of up to $6,000 in wages for the first year of employment and 25 percent of such wages for the second year. The Omnibus Reconciliation Act of 1981 included an option for states to conduct three-year demonstrations in which the state welfare agency alone administers WIN and can contract for services. As of late 1982, 17 states had chosen to operate WIN demonstrations.

WIN was established in 1967. It is authorized under Title IV, Parts A and C, of the Social Security Act. It is administered jointly by the Employment and Training Administration, Department of Labor, and the Department of Health and Human Services.

Job Corps

In the Job Corps, youth 16-21 who are having difficulty at home have the opportunity to receive job training while living in a residential center. Thirty of the 106 Job Corps centers are located in rural centers and focus on conservation. The remaining centers focus more on vocational training. Facilities are owned or leased by the federal government which selects an organization to operate the site. For FY1983, funding was $585.6 million; the same amount is proposed for FY1984. This program is administered by the Office of Job Corps, Department of Labor.

Job Training Partnership Act (JTPA)

A number of federal grant programs for the disadvantaged were consolidated into a single employment block grant to states under the Job Training Partnership Act effective October 1, 1983. The period between January 1, 1983 and October 1, 1983 allowed for a transition between the Comprehensive Employment and Training Act known as CETA and the new Job Training Partnership Act (JTPA).

Title II-A of this Act is directed toward training services for the disadvantaged.[10] Its purpose is "to establish programs to prepare youth and unskilled adults for entry into the labor force and to afford job training to those economically disadvantaged individuals and other individuals facing serious barriers to employment, who are in special need of such training to obtain productive employment." Under Title II-A, persons 16 or older are eligible if they are economically disadvantaged. Under Title II-B, the separate Summer Youth Program, 14 and 15 year-old youth can be served.

Public service employment is specifically disallowed. Some allowances or stipends for training participants in need can be paid. However, since 70 percent of the monies must go for training, there is little money for such stipends or support services of any kind within JTPA. This restriction within JTPA may result in an increase in the number of youth and women served, since these groups are most likely to have family or welfare support.

Although monies appropriated under this Act are to be passed through the governor's office, it is the partnership established between the local government and the PIC (private industry council) that determines the mix of services, training strategies, client priorities, and delivery mechanisms. The PIC must include members from education, private industry, labor, etc. The initial PIC members are appointed by local elected officials. The PIC and the local government are then responsible for all aspects of the system, though the governor maintains an oversight role.

To summarize, economically disadvantaged youth and adults are the primary focus of the Job Training Partnership Act. AFDC recipients and school dropouts are to be served in proportion to their numbers in the eligible population. Because stipends and social services are defined as administrative costs, which are limited to 30 percent of all costs, little money is available for auxiliary services. Although the total amount available for 1984 is expected to be about $3.6 billion, funding through this Act is rather limited, making proponents contend that greater efficiencies will increase the numbers served relative to CETA.

The Employment and Training Administration, Department of Labor, is in charge of administering JTPA at the federal level.

HOUSING

Unlike AFDC, Food Stamps, and Medicaid, housing assistance programs are appropriated rather than entitlement programs. This means that total funding levels are determined in advance and only a small proportion of all potentially eligible households receive aid. Not surprisingly, few teenagers, particularly school-age teenagers, receive independent housing, but many share quarters with relatives. The major housing programs are Section 8, a rental assistance program, and the public housing program. Under each program, tenants are expected to contribute a fixed share -- now 26 percent for those already in the program but rising by 1 percent a year to 30 percent and 30 percent for new applicants -- of their incomes as rent; their remaining housing costs are paid by the federal government.

Both Section 8 and public housing are administered by the Office of Housing/Federal Housing Administration Department of Housing and Urban Development.

RUNAWAY YOUTH

Funds go to establishing or maintaining runaway centers that provide temporary shelter, counseling, and aftercare services to juvenile runaways, and to provide a national communications system to assist runaway and homeless youth in communicating with their families and with service providers. Since runaways may be pregnant or at high risk of becoming pregnant, programs need to be alert to the physical and emotional needs of youth related to pregnancy. In addition, teenagers dealing with a pregnancy may be particularly prone to run away from their homes, and therefore the services provided by this program network may be especially pertinent to males and females facing a premarital pregnancy.

Intended cuts were not made and Congress appropriated $21.5 million in FY1983. Approximately $17 million in grant monies were distributed to 200 programs in FY1983. At the federal level, this program is administered by the Office of Human Development Service, Administration for Children, Youth and Families, DHHS.

CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT

The National Center on Child Abuse and Neglect awards grants to states to build programs to treat and prevent child abuse and neglect. Funding is also provided to institutions of higher learning for research and to nonprofit organizations for demonstration projects. Funds were cut from 1981 to 1983; but further cuts that have been proposed are meeting with resistence in Congress. In FY1983, the federal government allocated $16.2 million to child abuse and neglect programs. The National Center on Child Abuse and Neglect is housed in the Children's Bureau, Administration for Children, Youth and Families, Department of Health and Human Services.

In conclusion, teenage childbearing is clearly a complex issue—one that has not lent itself to easy solutions. Many different factors affect teenage sexual activity, pregnancy, and parenting. Similarly, many different programs can be relevant to teens who are sexually active, pregnant or parents. Many of the intervention programs are costly, particularly the remedial interventions aimed at teenagers who are already parents. However, given the frequent reliance of teenage parents on welfare and other types of public assistance and the difficult economic and social circumstances under which teenage parents so frequently raise their families, it seems clear that it is more cost effective in the broadest sense of the term to assist teenagers to prevent unwanted pregnancies and to provide remedial assistance when preventive efforts fail.

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NOTES

1. Kristin A. Moore and Martha R. Burt, Private Crisis, Public Cost, Washington, D.C., The Urban Institute, 1982.

2. The differences and similarities between Medicaid and Medicare are often surprising. Medicare serves almost everyone over age 65 regardless of income; it is a federal program and is the same all over the United States. Medicaid is financed jointly by the federal and state governments; it serves certain groups of needy and low-income groups.

3. S. Henshaw and K. O'Reilly, "Characteristics of Abortion Patients in the United States, 1979 and 1980," Family Planning Perspectives 15(1): 5-16. Unpublished data on state abortion policy from Rachel Gold, the Alan Guttmacher Institute, Washington, D.C.

4. Households are categorically ineligible if: 1 - the primary wage earner has quit a job without good cause, for 90 days; 2 - the household contains a striker, unless it was eligible before the strike; 3 - it is a non-employed post-secondary student without a family; 4 - an illegal or temporary resident alien; 5 - persons living in institutional settings, except special housing for drug and alcohol abusers in treatment, battered women and children in centers, and the disabled; 6 - SSI recipients in California and Wisconsin. There is also a requirement that parent-child households apply together unless a parent is elderly or disabled.

5. Moore and Burt, op cit.

6. National Association of State Boards of Education, "Overview of State Policies Related to Adolescent Parenthood," Washington, D.C., 1980.

7. Wendy Baldwin and Virginia Cain, "The Children of Teenage Parents," Family Planning Perspectives 12(1), 1980, 34-43.

8. High Scope Educational Research Foundation. Ypsilanti-Perry Preschool Program. Preschool Years and Longitudinal Results Through Fourth Grade by D.P. Weikart, J.T. Bond and J.T. McNeil, 1978.

9. Harry Vincenzi and Jeanette W Brewer. "The Educational Performance of Children of Teenage Mothers." School District of Philadelphia, Board of Education, Office of District 4.

10. Demetra Nightingale, "Job Training Partnership Act of 1982-Summary of Major Provisions," Washington, D.C.: The Urban Institute, 1983.